PART B - FEE(S) TRANSMITTAL Complete and send this form, together with Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Althorither correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 21874 7590 06/14/2005 EDWARDS & ANGELL, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. P.O. BOX 55874 **BOSTON, MA 02205** 08/23/2005 HDESTA2 00000086 041105 09868885 Michelle P. Chicos (Depositor's name) 01 FC:1501 1400.00 DA (Signature) 02 FC:8001 9.00 DA August 19, (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 7940 06/22/2001 55999(46342) 09/868,885 Hirokazu Matsumoto TITLE OF INVENTION: USE OF PEPTIDE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE \$1400 09/14/2005 \$0 NO \$1400 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** BASI, NIRMAL SINGH 1646 514-012000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list David G. Conlin (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. òr agents OR, alternatively, John B. Alexander, Ph.D (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Edwards & Angell, LLP Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Takeda Chemical Industries, Ltd. Osaka, Japan 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Payent and Trademark Office. August 19, 2005 Authorized Signature Date 48,399 John B. Alexander, Ph.D. Typed or printed name Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and an application. Confidentially is governed by 35 0.3.C. 122 and 37 CFR 1.14. Inis collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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ILANEMA								ne 22, 2001			
				venter	Matsumoto Hirokazu						
			First Named Inventor Examiner Name		N. S. Basi						
	Applicant clai	Applicant claims small entity status. See 37 CFR 1.27					1646				
	TOTAL AMOUNT	OF PAYMENT	(\$) 1,409.00	Attome	y Docket	No.	55999 (46342	2)			
	METHOD OF PAYMENT (check all that apply)										
	Check	Credit Card	Money Order	None	Other	(please ider	ntify):				
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	Design	200		00	50	130	65				
	Plant	200			150	160	80				
	Reissue	300			250	600	300				
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	2. EXCESS CLAIM		100	V	v	v	*. U		Small Ent		
	Fee Description	rees						Fee (\$)	Fee (\$		
		(including Reissues)						50	25		
	Each independent c	laim over 3 (includin	g Reissues)					200	100		
	Multiple dependent	claims						360	180		
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	4. OTHER FEE(S)										
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		hn/B. Alexander, P									

		S. Postal Service as Express Mail, Airbill No. EV711310736US, O. Alexandria, VA 22313-1450, on the date shown below. (Michelle Chicos)
Dated: August 19, 2005	Signature:	(Michelle Chicos)